Briefing: Health and Care Bill

July 2021

Summary

RCPCH believes the integration of health and care services are of particular importance for children and young people's health. We also acknowledge this Bill is formalising changes which have been underway for some time.

We welcome many of the measures in the Bill. We are particularly pleased to see the duty on ICS to work to reduce health inequalities on the face of the Bill. We fully support the introduction of a ban on junk food marketing before 9pm on television, and a full ban online.

RCPCH, along with other stakeholders in the health sector, wanted to see in the Bill include a stronger duty on the Secretary of State with regards to workforce and we are disappointed that as it stands, that opportunity will be missed.

We support the premise that this Bill is intended to be permissive rather than restrictive. The statutory guidance accompanying the Health and Care Bill will be as important as the measures on the face of the Bill. We will work with NHSE as they continue to develop this guidance.

Whilst the clinical impact of COVID-19 have been comparatively mild on children and young people, the wider impacts of the pandemic have been overwhelmingly negative. The burden has fallen disproportionately on the most vulnerable children. Increased demand for mental health care, the need for significant catch-up across public health programmes like immunisations and the pause to much surveillance of children and young people mean there is a considerable volume of matters for children's health services to address in the coming months and years.

The Health and Care Bill provides a significant opportunity to improve care and child health outcomes in England. The fruits of this opportunity will only be borne if there is accompanying investment, and cross-government coordination on policies pertaining to child health and wellbeing.

Integrated Care Systems

Context

RCPCH noted in our flagship project, State of Child Health 2020, that greater integration and working in partnership to deliver shared priorities is essential to reduce inequalities, to prioritise public health and prevention, and to improve health services for children and young people.

Child health outcomes in England are some of the worst in Europe, and the data shows us that inequalities in child health outcomes are widening across a number of indictors. This trend can only be reversed, and children and young people's health outcomes improved with a comprehensive, cross-Government public policy response. But the Health and Care Bill has the potential to play a critical role.

Earlier this year, RCPCH published Paediatrics 2040, which considered what the child health service of the future needs to look like. It set out a vision for what we need to meeting demand, with integration being identified as one of three key enablers.

Integration at the local level is now even more important post-pandemic, as NHS services look to address the backlog of required care, and the increased demand that has developed as a result of the broader impact of the pandemic. Substantively joined-up, cross-sector care has the ability to drive child health outcomes and ensure children and young people access the care they need, when they need it, from the most appropriate person.

Ensuring children and young people's health is prioritised

We consider it essential that there a named, strategic clinical lead for children's health services identified as a mandatory role in ICS governance arrangements. This role would provide leadership for a system-wide view across all services for children and young people, for high quality, safe and effective integrated services. It would also demonstrate a clear commitment to meeting the specific public health and healthcare needs of this group and the workforce that is needed to deliver this. We want assurance from Government that this will be in the statutory guidance for ICS.

Clinical leadership

Whilst we welcome the duty on ICS to obtain appropriate advice, we would have liked to have seen explicit commitment to clinical leadership at ICS board level in the legislation. We understand that some flexibility in membership gives ICSs the opportunity to tailor their governance to the needs of their population, but this approach does introduce a risk that key perspectives and experience may be missing from planning and commissioning decisions. For this reason, we want to see clinical leadership at ICS board level in the statutory guidance.

Engaging children and young people in ICS

The NHS Long Term Plan Implementation Framework states that the plans produced by ICS must be co-produced with the input of children, young people and parents/carers. Patient consultation is also mandated by the NHS Constitution for England and the UN Convention on the Rights of the Child, which applies to the NHS and associated bodies.

In 2018, over 300 young people took part in workshops; events and activities to share their views on what would support their health over the next ten years. 16% of participants wanted NHS services to improve how they listened to young people's voice in shaping health services and in individual care decisions.

We are pleased to see the clause on public involvement and consultation by ICS and want to see the need to meaningfully consult with children and young people by ICS in the statutory guidance.

Duty to reduce health inequalities

RCPCH welcome the duty on ICS boards to reduce health inequalities in terms of access to care and health outcomes. We have set out the importance of reducing child health inequalities above, and a members of the Inequalities in Health Alliance, we want to see more commitment to reducing health inequalities at a national level, including a cross-government strategy.

New powers for Secretary of State

We note there are concerns from a number of commentators regarding the new powers for Secretary of State set to be enshrined by the Bill. Government should listen to and address any concerns with regard to the scope of powers and set out clear reasoning behind the move for greater political influence over health services.

Competition

The Bill seeks a direction of travel towards integration and we support the proposed clause that would end requirements around enforced competition through automatic tendering of NHS services. We also note the call from some health stakeholders for NHS to be the default option for NHS contracts, and tender competitively where this is not possible.

Workforce

Context

The child health workforce across the UK is suffering from the same planning problems, underfunding and staffing issues as the rest of the health workforce. In 2018, an NHS Improvement report identified workforce problems as the main contributor to poor ratings of paediatric services by the Care Quality Commission (CQC.)

In Paediatrics 2040, we made some projections based on recent trends observed in our paediatric workforce census. Trainee less than full time working is forecast to increase from 30% in 2019 to over 60% in 2040. We welcome and encourage this flexibility. However, this is of major concern with regards to paediatric trainee whole-time-equivalent (WTE) numbers if the current cap on the number of training places available is not reviewed.

Additionally, the proportion of community paediatricians is forecast to decrease from around 18% of workforce to 12% of workforce by 2030, based on the last ten years of trends. This is particularly important because of the critical role community paediatric teams play in the delivery of mental health care and working with vulnerable children.

The Health and Care Bill provides an opportunity to address the long-standing issues with the paediatric, and wider health and social care workforce.

Impact of COVID-19 on paediatric training

A proportion of paediatric trainees have been redeployed to adult services at different points of the pandemic. In the second peak of COVID-19, 30% of services had to redeploy trainees to adult services. This has implications for the care available to children and young people but also for the education of those doctors who are training to become paediatricians. We welcome the duty on ICS board to promote education and training but without substantive action nationally, the benefits of this duty will be stymied.

Duty on Secretary of State

The Health and Care Bill provided the opportunity to provide a long overdue solution to the workforce issue with our National Health Service. It is very disappointing that this opportunity has been missed. We note the call from leading health organisations for Health Education England to make projections of workforce demand and supply based on population need. We also note the suggestion from the Health Select Committee Chair that these projections should be undertaken by an independent body. The value of these projections is that they would provide Secretary of State with data to present to Her Majesty's Treasury in a bid for long-term funding for NHS England, specifically to enable them to produce a long-term workforce strategy. The Secretary of State would then be responsible and accountable for ensuring the Government enable NHS England to deliver this. There should be appropriate consultation with bodies that would be impacted by this, included, though not necessarily limited to, Medical Royal Colleges, other professional organisations, ICS leaders, employers in the health and care sector and NHS Trusts.

The measures contained in the Bill do not go far enough to address the urgent long-term workforce issues in health and care. Without addressing these workforce pressures, there is a limit to what new ICS will be able to achieve.

Public Health

Context

There are a number of national public health measures within the Health and Care Bill which will work to reduce rates of health problems that disproportionately affect those children and young people living in the most deprived areas, such as **tooth decay** and **obesity.** These sorts of preventative policies are key to ensuring children and young people enjoy the best possible health.

Junk Food Marketing

We are pleased to see the commitments to ban on junk food marketing on television pre 9pm and a total ban online included in the Health and Care Bill. These are critical measures to reducing rising levels of childhood obesity and the **increasing inequalities** in these rates. We want to see this policy introduced with minimal exceptions.

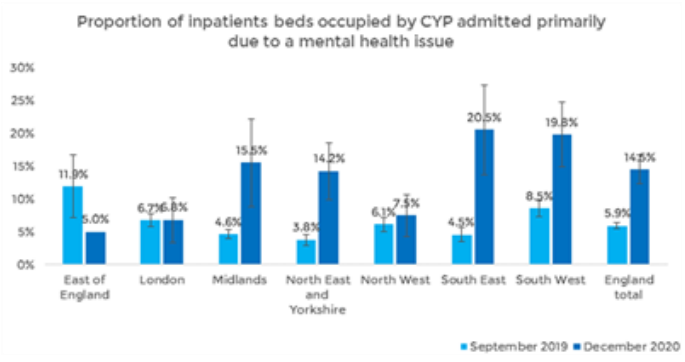
Water fluoridation

As noted earlier in this briefing, oral health in England is poor and disproportionately effects those children living in deprivation. Therefore, we welcome the clauses within the Health and Care Bill that give Secretary of State the power to directly introduce water fluoridation schemes, subject to local consultation and funding.

Children's health services today

The Health and Care Bill provides a significant opportunity for our National Health Service, and children and young people's health in England. To maximise this opportunity, the legislation and its implementation must be viewed in the context in which it is being introduced.

Like services across the NHS, child health services are currently under significant pressure due to the impact of the pandemic. We have **seen significant pressure on paediatric A&E departments** in recent weeks, due in part to a rise in respiratory infections usually seen in winter.



Paediatric beds are also under significant pressure due to the uptick in children and young people with serious mental health problems – **doubling compared to 2019.** Additionally, **38% of respondents** said they did not have effective joint pathways with Child and Adolescent Mental Health Services (CAMHS) in their local area.

Additionally, paediatricians have been redeployed to adult services over the course of the pandemic. In the second peak of COVID-19 in January 2021, **13% of services reported paediatric consultants** were redeployed to adult services. **46% and 11% of services** reported community child health trainees were redeployed in the first and second waves of the pandemic respectively. This is particularly significant given the role of community paediatricians in identifying safeguarding issues. **81% of survey respondents** said they were concerned about missing safeguarding issues in virtual consultations. This highlights the particular importance of in-person assessments for children and young people.

In addition to longstanding workforce pressures, the paediatric workforce has been under a huge amount of pressure, with over **15% of services reporting absence due to stress** and **45% of clinical leads reporting concerns about future absences.** As across the whole NHS workforce, staff need to be supported to recover from stress and burnout.

It will be some time before we understand what the full impact of the pandemic on children and young people's health services will be. But we do know that in addition to the **wider health and wellbeing implications** of the pandemic on them, the consequences will be far-reaching.

In this context, the passage of this legislation must be accompanied by a long-term settlement for our NHS services, to allow them to address the backlog and plan the future of services to deliver care in the most effective and efficient way.

In addition, Government must provide long-term sustainable funding to Local Authorities for the delivery of local services. The foundation of the Office for Health Promotion provides a further opportunity to embed prevention in to our health system and broader service network, but without accompanying investment, that opportunity will be lost.

Calls to Government

In order to guarantee the Health and Care Bill makes a substantive, positive contribution to ensuring all children get the best start in life, enjoy the best possible health, and child health outcomes are levelled up across the country, we are calling on Government to undertake the following actions as the Bill makes its way through Parliament:

- **Implement an overarching child health strategy**, multi-departmental in approach; to help ensure existing health inequalities are not entrenched by COVID-19. This will also help to embed a child health in all policies approach to policy making.
- Develop and introduce a national, cross-government **strategy to reduce health inequalities** to complement the duty on ICS to ensure this, and to maximise the benefit of the key public health measures set out in the Health and Care Bill.

- Provide assurance that the statutory guidance accompanying the Health and Care Bill **mandates and strategic children and young people's lead in every ICS.**
- Strengthen the **duty on the Secretary of State in the Health and Care Bill** will regards to workforce.
- **Provide ring-fenced funding of CAMHS and inpatient paediatric mental health services** that reflects local service demand.
- **Implement** the ban on junk food marketing with minimum exceptions.
- **Urgently increase funding to Local Authorities Provide sufficient funding for Local Authorities** commensurate to local population need. This must include restoring the **£1 billion of real-terms cuts** to the public health grant since 2015. Future investment in public health provision should increase at the same rate as NHS funding and be allocated based on population health needs.

About RCPCH

The **Royal College of Paediatrics and Child Health (RCPCH)** is the membership body for paediatricians, representing more than 19,500 child health professionals in the UK and abroad. We are responsible for the training, examinations and professional standards of paediatricians across the country, and we use our research and experience to develop recommendations to promote better child health outcomes.

Our mission is to transform child health through knowledge, innovation and expertise and to ensure that children are at the heart of the health service.

We are members of the **Academy of Medical Royal Colleges (AoMRC)** and share their **concerns** around the missed opportunity for the health and care workforce, and the new powers for Secretary of State.

We are also part of the **Health Policy Influencing Group**, and support the points in their briefing concerning the need for a children and young people's lead in every ICS, and the need for children and young people to been meaningfully engaged with the statutory guidance for ICS.

Finally, we are members of the **Inequalities in Health Alliance**, and echo their call for a cross-government strategy to tackle health inequalities, led by the Prime Minister.

For further information please contact:

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